

## MONITORING OF SHEP DEATHS

22-23 (4) 24-27 (5) 28-29 (6) 41-46 (8) 30-32 (1) 33 (2) 40 (7)  
 Patient ID ☐☐☐☐☐☐☐☐ Acrostic ☐☐☐☐☐☐☐☐ Form No. SH 091 Ver No. 2 Seq No. ☐

3 36-37 38-39 34-35  
 Date Received ☐☐☐☐☐☐ (Form Date)  
 47-52 (9)  
 Date of Initial Report ☐☐☐☐☐☐ (SH22)  
 Date of Death: ☐☐☐☐☐☐ (10) 53-58  
 59-64 (11)  
 Date of Final Report ☐☐☐☐☐☐ (SH23)

## DOCUMENTATION:

b=Not received 1= Received 2=N/A, won't receive

65 (45)  
 Death Certificate ☐ Autopsy Report ☐ (46) 66  
 Hospital Records ☐ (47) 67 CT Scan ☐ (48) 68  
 SH25 ☐ (49) 69 SH26 ☐ (50) 70

Date documentation complete: ☐☐☐☐☐☐ (12) 71-76  
 CT scan to be coded? ☐ (b/1, 2) (13) 77

Date all CT coding received: ☐☐☐☐☐☐ (14) 78-83

CT coding final? ☐ (15) 84 (b/1)

CT to be adjudicated? ☐ (16) 85 (b/1) 86-91

Date CT adjudication complete: ☐☐☐☐☐☐ (17)

Date event sent to coders: ☐☐☐☐☐☐ (18) 92-97

98-99 (19) ☐☐ (20) ☐☐ 100-101  
 102-103 (21)

Date all received from Coders: ☐☐☐☐☐☐ (22)

Coding final? ☐ (b/1) (23) 110 104-109

Cause to be adjudicated? ☐ (b/1) (24) 111

Date adjudication complete: ☐☐☐☐☐☐ (25) 112-117

## CAUSE OF DEATH:

- a. Stroke ☐ (b/1) (26) 118  
 b. Sudden death (<1 hour) ☐ (b/1) (27) 119  
 c. Rapid death (1-24 hours) ☐ (b/1) (51) 120  
 d. Myocardial infarction ☐ (b/1) (28) 121  
 e. Left ventricular failure ☐ (b/1) (29) 122  
 f. Other cardiovascular; specify: ☐ (b/1) (55) 153  
 g. Renal disease ☐ (b/1) (56) 154  
 h. Diabetes mellitus ☐ (b/1) (57) 155  
 i. Neoplastic disease; specify site(s): ☐ (b/1) (58) 156  
     Cancer primary site #1 ☐☐ (65) 166-167  
     Cancer primary site #2 ☐☐ (66) 168-169  
     Cancer primary site #3 ☐☐ (67) 170-171  
 j. Gastrointestinal disease ☐ (b/1) (59) 157  
 k. Respiratory disease ☐ (b/1) (60) 158  
 l. Infectious disease ☐ (b/1) (61) 159  
 m. Accident, suicide, or homicide ☐ (b/1) (62) 160  
 n. Other noncardiovascular; specify: ☐ (b/1) (63) 161  
 o. Indeterminate ☐ (b/1) (32) 125  
 ICDA Code: ☐☐☐☐ (64) 162-165



## MONITORING OF SHEP DEATHS

Patient ID  Acrostic  Form No. **SH 091** Ver No. **2** Seq No.

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**STROKE SUBTYPING:**

Date stroke subtyping sent:  (33) 126-131

Date subtyping received:  (34) 132-137

Subtyping final ? ☐ (b/1) (35) 138

Adjudicated? ☐ (b/1) (36) 139

Date subtype adjudication complete:

(37) 140-145

**STROKE SUBTYPE:**

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Intra parenchymal hemorrhage ☐ (39) 147

Lacunar ☐ (b/1) (40) 148

Embolic ☐ (b/1) (41) 149

Atherosclerotic ☐ (b/1) (42) 150

Other unknown/ischemic ☐ (b/1) (43) 151

Unknown type ☐ (44) 152

(52)

(53)

(54)

} Obsolete fields

} There are no corresponding data items.